



**Joint Application for Sale and Transfer of Permanent Authority
To Transport Passenger or Household Goods**

Joint application for sale and transfer of _____ by
(Certificate or Permit Number)
the Indiana Department of Revenue.

1. Purchaser Information

a. Purchaser's Name (include DBA, if applicable) _____

b. Street Address _____

c. City, State, Zip _____

d. Telephone _____ County _____

e. Principal place of business in Indiana (if other than above):

(Street Address) (City) (State) (Zip)

(County)

f. Check One: Partnership _____ Corporation _____ Individual _____ Other _____

g. If purchaser is a partnership, give the name and address of each member thereof; if purchaser is a corporation, give the name, title, and address of each principal officer.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

h. If purchaser is a corporation, LP or LLC, provide the State and the date of incorporation.

(State) (Date of Incorporation) (Total Number of Shares Outstanding)

Last year annual report was filed with Indiana Secretary of State _____

- i. List the name of each shareholder and the number of shares held by each shareholder:

Name	Number of Shares

- j. List all other motor carrier companies which hold Indiana Intrastate Authority in which each shareholder has an interest. Provide the Indiana intrastate certificate or permit numbers held by these companies.

Motor Carrier Company	Certificate or Permit No.

- k. If currently operating under an Indiana certificate or permit, provide the number:

Certificate Number _____ Permit Number _____

2. Seller Information

a. Seller's Name (include DBA, if applicable) _____

b. Street Address _____

c. City, State, Zip _____

d. Telephone _____ County _____

e. Principal place of business in Indiana (if other than above):

(Street Address) (City) (State) (Zip)

(County)

f. Check One: Partnership _____ Corporation _____ Individual _____ Other _____

g. If seller is a partnership, give the name and address of each member thereof; if seller is a corporation, give the name, title, and address of each principal officer:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

h. If seller is a corporation, provide the State and the date of incorporation.

(State)

(Date of Incorporation)

Last year annual report was filed with Indiana Secretary of State: _____

i. List all Indiana intrastate authority certificate or permit numbers which the seller will be retaining.
(Attach Copies)

j. Is the seller currently in bankruptcy? ☐ Yes ☐ No

If yes, indicate cause number, date of filing and in what court filed: _____

k. Has any shareholder, partner or owner of seller ever been a shareholder, partner or owner of a motor carrier which has filed bankruptcy? ☐ Yes ☐ No If yes, complete the following:

Name of Shareholder, Partner or Owner	Motor Carrier	Date of Bankruptcy Petition	Cause Number of Bankruptcy Petition	Court Filed In

Did this motor carrier hold Indiana intrastate authority? ☐ Yes ☐ No If yes, what happened to the certificate or permit as a result of the bankruptcy? _____

l. Has the seller performed continuous and adequate service under the certificate or permit now pending sale and transfer? _____

In support of this application, the purchaser submits the following exhibits, attached hereto and made part hereof:

- Exhibit A - A statement describing purchaser's financial status, including a brief statement of assets and liabilities as of the date of application, and a copy of applicant's most recent balance sheet and income statement.
- Exhibit B - A certificate from the Secretary of State of Indiana showing purchaser is registered to do business in Indiana (if the purchaser is a non-resident corporation); or
A certificate of existence from the Secretary of State of Indiana (if the purchaser is an Indiana corporation).
- Exhibit C - A copy of the certificate or permit being transferred including the scope of authority granted by the Department.
- Exhibit D - If seller is currently in bankruptcy, a copy of the bankruptcy petition.

_____ number _____ and issue a _____
 (Certificate or Permit) (Certificate or Permit)

to the purchaser authorizing the operation of motor vehicles as a _____ carrier over the
 (Common or Contract)

public highways of the State of Indiana upon the route and between the points and serving the cities and towns

as authorized by the above numbered _____.
 (Certificate or Permit)

STATE OF _____)
) SS:
COUNTY OF _____)

STATE OF _____)
) **SS:**
COUNTY OF _____)

My Commission Expires: _____

Instructions for Joint Application of Sale and Transfer of Certificate or Permit

Please read these instructions carefully before completing the application.

The application for sale and transfer of a certificate or permit must be typewritten or legible. The original and one copy of the application must be filed.

45 IAC 16-1.5-3 Any person may appear and represent his or her own interest before the commission. The interest of another person or entity shall be represented only by an attorney authorized to practice before the commission, pursuant to this section..

Each line of the application must be completed. If a line is not applicable to you or your company, you should enter "N/A" in the space provided for the answer.

In order for the application to be processed by the Department, you must include the following with your application:

1. A filing fee of \$100.00; make checks payable to the Indiana Department of Revenue;
2. A publication fee of \$80.00.

Before a certificate or permit will be issued by the Department, I.C. 8-2.1-22-15 requires that a public hearing be held at which you will be required to show the responsibility of the person obtaining or seeking to obtain ownership or control of any certificate or permit or part thereof; his readiness, ability, and willingness to perform the service proposed; and whether the proposed service, to the extent authorized by the certificate or permit, is or will be consistent with the public interest and the state transportation policy declared by law.

If no protests are filed to your application, the hearing will be summary in nature pursuant to 45 IAC 16-1.5-12(c).

If you have any questions regarding this application, please contact the Department at:

**Indiana Department of Revenue
Motor Carrier Services
Insurance and Safety Unit
5252 Decatur Blvd., Ste. R
Indianapolis, Indiana 46241
or call (317) 615-7295**